

# PREPARING FOR PUBLIC HEALTH EMERGENCIES



## A HANDBOOK FOR MEDICAL RESERVE CORPS VOLUNTEERS



Provided by the  
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## SECTION I INTRODUCTION

### Unit A - Overview

In response to the Sep 11, 2001 attacks, many medical professionals and other citizens offered their skills to a community in need. This outpouring of compassion and service highlighted the need to provide a more organized structure and approach for using volunteers in an emergency.

Pres. George W. Bush issued the call in his State of the Union Address of Jan, 2002, for all Americans to “offer meaningful volunteer service in their communities, in whatever ways they could.” As a result, the President’s USA Freedom Corps was launched to promote volunteerism both nationally and around the world.  
(medicalreservecorps.org)

With the approval of Congress, Sec. of Health and Human Services, Tommy G. Thompson, began a demonstration project in the US Surgeon General’s Office. The Medical Reserve Corps (or MRC) was born in July of 2002 as a specialized branch of the Department of Homeland Security’s Citizen Corps.

Today, the Medical Reserve Corps is a national program with a local, volunteer network. Since the initiative began, MRC units have been formed in every state and over 200,000 individuals have signed up to offer their expertise throughout the year and during times of community need.

#### What is the Clinton County Medical Reserve Corps?



The Clinton County MRC (CC MRC) is a locally-based, volunteer component of the Clinton County Health Department. It was formed in August of 2010 from a cadre of volunteers who had been serving in the community for several years. The CC MRC’s objective is to support the Health Department’s mission to “provide services to protect the public’s health and to enhance the quality of human life through health education, health promotion and prevention.” To this end, volunteers may be called upon to assist with prevention and outreach activities such as: participation in local health fairs, designing bulletin-board displays, public speaking on monthly public health initiatives, visiting schools to teach proper hand washing, helping with newsletters, or giving flu shots, etc.

In addition, the CC MRC works with the Clinton County Emergency Management Agency (EMA) to provide emergency communication services (ARES) and to supplement existing emergency services to provide relief for emergency workers. Other partners may include local hospitals, neighboring health departments, or other organizations (such as the Red Cross) whenever critical events overwhelm existing resources within a community. These activities may include helping to: staff shelters/alternate care facilities, support hospital surge capacity, or assist with mass prophylaxis clinics.

The CC MRC meets regularly for updates, education and training. As a volunteer, it is imperative to attend these meetings so that you are trained and prepared for when a disaster strikes in our county. Additional trainings, drills and exercises are held throughout the year to challenge and increase our skills. Other volunteer opportunities are provided on a monthly basis, which are designed to support the health department’s mission and improve the community’s awareness about public health initiatives. As a volunteer, you will be expected to participate in at least four meetings and/or events per year to remain active.

### Unit B - Mission Statement and Goals

The mission of the CC MRC is to support the efforts and activities of the Clinton County Health Department to “provide services to protect the public’s health and to enhance the quality of human life through health education, health promotion and prevention.” (Mission Statement of the Clinton County Health Department.)

The CC MRC's goals are:

**Help our Community Be Safe**

- Partner with the Local Emergency Planning Committee (LEPC), Citizen Corps Council, Police, Fire, and Emergency Management (EMA), etc. to understand how the MRC can be a resource to the community
- Work with the volunteer base to ensure that all volunteers are trained and properly credentialed for the position they in which they serve (i.e. Amateur Radio Emergency Services, Nurse, Team Leader, etc.)

**Help our Community Become Prepared**

- Encourage awareness of the MRC in the community and help promote ways in which residents can develop and maintain personal preparedness (i.e. 72hr Kits, CPR/1<sup>st</sup> Aid training, online FEMA courses, volunteer opportunities, etc.)
- Promote community preparedness (i.e. rapid community recovery) through community resiliency in all activities and at all levels (i.e. training for businesses in Continuity of Operations, emergency planning for schools and other organizations, Risk Watch training for students, Child S.A.F.E. programs, disaster exercises, etc.)

**Help our Community Get Healthy**

- Assist the Health Department and other partner agencies such as St. Joseph's Hospital, Red Cross, American Heart, Kaskaskia College, Emergency Management, and area schools, as needed, at educational programs and community events (i.e. flu clinics, health fairs, vaccination sites, first aid stations, shelters, etc.)
- Support health initiatives in the community that foster community resiliency, physical and emotional wellness (i.e. Living Healthy in Clinton County, Clinton County C.A.R.E.S., Walk for Life events, etc.)

For specific objectives, strategies and activities designed to reach these goals, please see the CC MRC Strategic Plan 2010-2015. (See Appendix M - Strategic Plan currently under revision)

## **Unit C - Area Served and Scope of Services**

The Clinton County MRC shall provide services to the residents and organizations of Clinton County. At times, MRC volunteers may be called upon to support the work of partner organizations or groups outside Clinton County's jurisdiction when emergencies overwhelm their resources. To the best of our ability, we will honor partner relationships and calls for assistance, as determined at the time, based upon our local events, needs and the availability of MRC resources. CC MRC volunteers may elect not to participate in events located outside of Clinton County.

At no time will Clinton County MRC volunteers self-deploy to an emergency without proper authority and going through the activation process. (See Section IV, Unit D - Activation and Demobilization) If a Clinton County MRC volunteer is called upon to assist another organization, the MRC volunteer will act under the authority, scope and direction of the activating organization and will NOT represent the Clinton County MRC in those activities and assignments.

### **Activities and Services You May Help to Provide**

As a volunteer with the Clinton County MRC, your skills may be needed to assist the Health Department or its partner organizations when:

- Mass vaccinations or medication dispensing is needed to respond to an epidemic, infectious disease, bioterrorism or other public health emergency;
- Other types of emergencies occur such as severe weather or natural disasters and back-up is needed for emergency workers, hospital surge, radio communications and/or staffing at shelters to house the general public or those with functional needs;
- Large numbers of people have gathered and the potential exists that many may become sick or injured (i.e. large community outings, parades, special events, etc.);
- Drills and exercises are conducted to educate, train, and test emergency management policies and procedures; or,
- Community education programs are provided to support public health initiatives at schools, hospitals, libraries or health fairs, etc.

## Unit D - Situation and Assumptions

Situation: Despite encouragement from emergency personnel for individuals to “get prepared” in advance for a disaster with 72-hours worth of food, water and other supplies, most of the general public will still require assistance to ensure that their basic needs are met in an emergency. (Clinton County Health Department, *All Hazards Operations Policy and Procedure Manual*) In the event of a large scale, county-wide disaster resulting in the loss of infrastructure, communications, utilities, and other public resources, many existing organizations and personnel may become over-extended and overwhelmed.

Assumption: As demonstrated in past disasters, private citizens are often first on the scene (“spontaneous volunteers”) and end up assisting to provide necessary services to safeguard human life and property in lieu of or in addition to, professional responders during the initial aftermath of intense destruction. These volunteers are considered “Good Samaritans” and are covered by laws pertaining to such citizen volunteers. (See Appendix E - Civil Immunities/Good Samaritan Act)

Assumption: Until a “declared emergency” order is given by the Governor, MRC Volunteers will not be covered under IEMA, (Illinois Emergency Management Agency) Liability Insurance or Workers Compensation. Therefore, until the order is given, MRC Volunteers will not be available for emergency operations for several days or, perhaps, even weeks (unless they are willing and able to assume their own risk. See Appendix I - Informed Consent, Waiver and Release of Liability Agreement)

Assumption: If a statewide emergency has occurred, partnering health departments may not be available to respond or assist under the Illinois Public Health Mutual Aid System (IPHMAS) due to their own emergency situations.

Assumption: The Clinton County EMA (Emergency Management Agency) will request help from local, state, regional or federal agencies as soon as feasible.

Response and Activation: Therefore, once the Clinton County Health Department is notified of the need for activation and deployment by the EMA, the call for volunteers will be made through the CC MRC Coordinator or designee who will oversee the coordination of volunteer services. ***Self-activation and/or self-deployment to any emergency are grounds for immediate dismissal from the MRC program.*** Activation will be communicated to volunteers based on the means of communication available at the time: phone call, email, text, Facebook, radio, Code Red etc. If a volunteer is aware that an emergency has occurred (i.e. an Emergency Operations Center has opened or the Governor has declared a State of Emergency for Clinton County) and has not been notified to activate, please call the Health Department’s main line (618) 594-2723 (the answering machine will be updated with information for you); check the Health Department’s website (<https://www.clintonco.illinois.gov/health.htm>); or check the MRC’s Facebook page (<http://www.facebook.com/ClintonCountyMedicalReserveCorps>). If none of these avenues of communication are available, the volunteer should contact the Sheriff’s Office at (618) 594-4555 for directions. The most current information will be available from these resources including reporting instructions. Do not report to the Health Department or backup location if your family is not safe or if reporting will put you and/or your family in danger. Your safety is always our priority!

## Unit E - Local Plan Coordination

The CC MRC Coordinator will manage all volunteer plans and activities with its partner organizations (i.e. Clinton County EMA, St. Joseph’s Hospital, Kaskaskia College, American Red Cross, etc.), through the use of Memorandums of Understanding and best practices, to ensure the most efficient and effective use of time, talent, expertise and other resources to serve the citizens of Clinton County. The CC MRC has adopted the Incident Command System (ICS) and National Incident Management System (NIMS) as the response framework for all emergencies within the county. (See Section IV, Unit B - Incident Command System, National Incident Management System and National Response Framework)

## **SECTION II ORGANIZATION AND MEMBERSHIP**

### **Unit A - Organizational Structure**

The Clinton County MRC is a local network of community volunteers overseen by an Advisory Committee which provides strategic direction on an annual basis and may consist of representatives from the following agencies:

- a member of the local EMA
- a non-profit volunteer organization (i.e. the American Red Cross or Rotary organization)
- a medical institution (i.e. St. Joseph's Hospital)
- an educational institution (i.e. Kaskaskia College)
- a local emergency management group (i.e. Trenton Emergency Management Services)
- a local emergency response organization (i.e. a Fire Department or the Sheriff's Office)
- emergency medical services (ambulance services)
- the Clinton County Board of Health (fiduciary organization)
- a community volunteer or member-at-large
- the Clinton County MRC Coordinator and Health Department representative (sponsoring organization).

The MRC Advisory Committee will meet at least annually, or more often, if planning needs dictate, to determine, develop, review and evaluate the program's long-term goals and objectives and identify the best approaches for achieving success. These decisions will guide and give strategic direction to the daily activities that shape the Clinton County MRC as determined by local priorities (IPLAN) and grant deliverables, reviewed by the Clinton County Board of Health and approved by the Health Department Administrator. Activities are also based on national policy as suggested by the Division of the Civilian Volunteer Medical Reserve Corps, the Office of the Surgeon General, and the Department of Homeland Security (FEMA.) (See Appendix L - CC MRC By-Laws)

### **Unit B - Membership**

The general membership of the CC MRC is made up residents within the boundaries of Clinton County (or individuals willing to travel to Clinton County) who have a desire to make a contribution to the health and safety of our local community. MRC volunteers may include medical and public health professionals such as physicians, nurses, pharmacists, emergency medical technicians, dentists, veterinarians, epidemiologists, infectious disease specialists, or mental health professionals/counselors. In addition, community volunteers are needed who may serve as interpreters, chaplains, educators, public speakers, amateur radio operators, logistics experts, legal advisors, office workers, administrative organizers, security, traffic control, maintenance or electrical workers, etc.

As membership grows, the general membership will be organized into teams capable of being deployed in an emergency to support the Clinton County Health Department's All Hazard Plan. Teams will be structured along ICS guidelines and will follow NIMS operational guidelines. (See Section IV - Utilization of Volunteers, Unit B - Incident Command System, National Incident Management System, and National Response Framework)

The CC MRC also sponsors an Amateur Radio Emergency Service (ARES) Ham Radio Club which will provide the opportunity for licensed radio operators to train in emergency communications. Advanced training is required for those electing to participate in the CC ARES/RACES organizations. (See Section III, Unit A - Required Training)

To become a member of the Clinton County MRC, you must:

1. Fill out a Volunteer Application
2. Sign a consent form permitting the Clinton County MRC to complete a background check and to verify your credentials/licenses. (Included on the Volunteer Application form.)
3. Be willing to complete the Clinton County EMA Oath.
4. Schedule an interview with the MRC Coordinator.
5. Complete orientation and required training in Basic Core Competencies, CPR/1<sup>st</sup> Aid/BBP, and advanced training (as needed) based on volunteer position/assignment. (See Section III - Training and Exercises)
6. Submit copies of all credentials, licenses, certificates, etc. to be maintained in your volunteer file.

Local MRC members may also choose to participate in the National MRC Association.

## **Unit C - Job Action Sheets**

Job Action Sheets (JASs) provide the guidance you will need to perform your volunteer assignment. Information on each JAS will include your position title, area assigned, the position you report to as well as the positions reporting to you, the purpose of the position, and necessary qualifications. The JAS will also include check-in procedures, assigned duties, and check-out procedures. JASs are available for emergency positions as well as non-emergency volunteer positions within the CC MRC. (See Appendix B - Volunteer Job Action Sheets)

## **Unit D - Recruitment, Selection and Evaluation**

Requests for volunteers (as well as the activities of the Clinton County Medical Reserve Corps) will be announced in the local papers (Union Banner, Breese Journal and Trenton Sun), libraries (Carl Halstead Library, Breese Public Library, Germantown Library, New Baden Library, and Trenton Public Library), radio stations (WCXO 96.7 and WDLJ 97.5), church bulletins, and community service organizations (American Legion, Jaycees, Knights of Columbus, Lions, Optimists, Parrot Heads, Rotary, and VFW). Volunteers will also be recruited from local high schools and other clubs. The CC MRC has signed a Memorandum of Understanding (MOU) with the Health Occupations Students Association (HOSA) at Central High School and the College of Nursing at Kaskaskia College.

Volunteers will be selected for membership after submitting an application and attending an interview with the MRC Coordinator to review their abilities, skills, knowledge level, volunteer experience, time and location availability as well as job preference. After licenses and certifications have been verified, volunteer candidates will be invited to participate in an orientation program to better introduce them to the CC MRC unit (its role within the community), the Volunteer Code of Conduct, and other volunteer expectations including training requirements, participation in drills and exercises, and credentialing. If the volunteer is still interested in becoming involved with the program and their participation is a good match with the MRC's needs, the volunteer will proceed with the required training program to become an active member of the CC MRC. Ideally, all volunteers will complete the required training before participating in any disaster or full-scale exercise. (See Section III, Unit D - Exercises)

Individual evaluations or surveys with volunteers will take place annually unless a specific need or problem has been identified. The purpose of the evaluation process is to 1) review the volunteer's goals in working with the MRC to make sure the program is meeting their personal objectives and 2) determine the volunteer's progress in meeting training requirements, participating in activities, and attending meetings. Volunteers may choose to resign from the program at any time or be asked to resign for violations of the Volunteer Code of Conduct and/or policy on Cultural Diversity. (See Appendix F - Code of Conduct and Cultural Diversity)

## **Unit E - Unit Apparel, Identification Cards and Equipment**

Once volunteers have completed the first steps of their required training (See Section III, Unit A - Required Training), they will be issued a Clinton County Medical Reserve Corps shirt and a MRC drawstring pack. These items are to be worn whenever a volunteer is activated for a drill, exercise or actual emergency. These materials will be returned to the MRC Coordinator if: 1) the volunteer self-deploys to an event, 2) the volunteer chooses to no longer be involved with the MRC Unit, 3) the volunteer does not meet the minimum activity requirements, or 4) the volunteer is dismissed for "cause." (See Appendix F - Code of Conduct)

Appropriate work clothes for deployment include: nice jeans (no holes please); MRC shirt; non-skid, close-toed shoes (steel-toed shoes if working outside); and appropriate head covering, jackets, and/or gloves based on weather conditions. Volunteers may also want to consider including a change of clothes and personal items (medications, extra glasses, non-refrigerated snack, water, cell phone charger, etc.) which might be required during a 12-hr shift. Please remember, you will need to carry your own gear and should not bring anything of monetary or personal value on scene. Your MRC-issued drawstring pack will need to be stocked with a small flashlight (extra batteries), pen, writing notebook, hand sanitizer, gloves, small first aid kit, NIMS/ICS Quick Reference Guide, and any other equipment needed to do your assignment.

Identification cards will be issued once references and credentials have been verified and required training has been completed. (See Section III - Training and Exercises)



## SECTION III TRAINING AND EXERCISES

### Unit A - Required Training

We hope to never have to activate the Clinton County Health Department's *All Hazard Plan*; but should this ever become necessary, trained volunteers who know how to protect themselves and their families will make all the difference -- the more people are prepared, the safer our communities will be!

As a volunteer, you will receive ongoing training in emergency response, preparedness and health department operations. Ideally, this training will be accomplished before a disaster strikes so that you are ready to assume your duties in an emergency. The Basic Core Competencies identified by the National MRC Program and adopted by the CC MRC will be completed as part of your orientation to the unit. You will also have the opportunity to participate in health department drills and exercises which may occur throughout the year (with or without notice.)

In addition, there is training available online through MRC Train, the Federal Emergency Management Agency's (FEMA) website, at the Illinois Emergency Management Agency (IEMA) in Springfield, and at the Center for Domestic Preparedness in Alabama. All of these classes are free of charge to the general public. More advanced classes and trainings will be required of those who wish to assume more responsibility or a leadership role during an emergency and desire to serve as a team leader, supervisor, manager, etc.

#### **Basic Core Competencies**

The National Office (Division of Civilian Volunteers Medical Reserve Corps "DCVMRC" in the U.S. Surgeon General's Office) has outlined eight basic learning/skill sets they feel all volunteers should possess. In Clinton County, we have added two additional competencies plus training required for ham radio operators and team leaders. Most of the training listed below is provided during the course of regular MRC meetings:

1. Describe the procedure and steps necessary to protect the health, safety, and overall well-being of yourself, your family, MRC team and the community. (IS 22, CPR/AED, BBP and 1<sup>st</sup> Aid)
2. Produce a personal and family preparedness plan and 72 hr kit. (FEMA's *"Get a Kit, Make a Plan, and Be Informed"* - Family First Emergency Plan)
3. Outline the NIMS/ICS chain of command and its application to a given incident. (IS 100a and 700b or equivalent courses specific to area of expertise i.e. health care, law enforcement, schools etc.)
4. Explain the local MRC unit's role in public health, its integration into the emergency response system and its application to a given incident. (Orientation and PH 101)
5. State your understanding of the MRC member's communication role(s) and processes with response partners, media, general public, and others. (Same as above plus IS 802 for radio operators)
6. Understand the impact of an event on the mental health of MRC members, responders and others. (Psychological First Aid)
7. Demonstrate the ability to follow procedures for assignment, activation, confidentiality, HIPAA, liability, reporting, and deactivation. (PH 101, HIPAA training, Statement of Confidentiality and MRC Code of Conduct)
8. Apply appropriate methods for interacting sensitively, effectively and professionally with persons from diverse cultural, socioeconomic, educational, racial, ethnic and professional backgrounds as well as persons of all ages and lifestyle preferences. (MRC Code of Conduct and Cultural Competency training)
9. Share your understanding of Disaster Ethics and the role it plays in an emergency.
10. Recognize limits to own skills, knowledge, and abilities as they pertain to MRC roles and act within the scope of your training.

Training from FEMA's Emergency Management Institute can be taken online, free of charge, by going to <http://training.fema.gov/IS> . This includes all of your IS (independent study) classes listed above. Please feel free to take any classes you would like including working with pets and children or the role of shelters in an emergency. If



you are interested in becoming a team leader, additional courses are required such as 200, 300, 400, and 800. To work as a ham radio operator, additional communications courses are required such as IS 802.

**Level 1 Volunteer** - Steps 1 and 2 (as listed above) plus regular attendance at meetings must be completed in order to receive a MRC Shirt and drawstring backpack. **Level 2 Volunteer** - Step 3 (plus continued participation in meetings and trainings) must be completed to become deployable for local emergencies and receive your ID card. Steps 4 through 10 are accomplished during the course of regular participation. Again, volunteers should be regularly attending meetings and involved in at least one exercise to be considered an "active" volunteer. **Level 3 Volunteers** - have made the effort to complete additional trainings online as well as attend meetings, conferences, and trainings outside the local area. These volunteers are assigned leadership roles and are issued their MRC cap.

All training will be logged in your volunteer file. Please photocopy any certificates you receive and make sure to turn in a copy to the MRC Coordinator. Incentives are provided at different levels to recognize the hard work and effort that is required to progress through the required volunteer training. Even "Limited" and "Emergency Only" volunteers must complete IS 22 Guide to Citizen Preparedness and have a Family First Emergency Plan.

### Public Health 101

The Center for Disease Control (CDC) has identified several diseases that may cause a health emergency. These diseases are considered dangerous because they are contagious or can be weaponized and because they have a high death rate if not treated. In addition, there is always some risk of an outbreak of Severe Acute Respiratory Syndrome (SARS in 2003-2004) or a particularly serious strain of flu (i.e. H1N1 in 2009-2010.) Whether a health emergency is the result of bio-terrorism or of a natural outbreak, prompt action can limit the spread of these diseases, save lives, and help to prevent local hospitals and other resources from being overwhelmed with seriously ill people. (*Marion County Health Department, Oregon*)

In the event of a bio-terrorist attack or an outbreak of a contagious illness, the Clinton County Health Department has an emergency plan for protecting you and your family. Depending on the situation, we may need to immunize or give antibiotics to a large number of people in order to prevent a disease outbreak. Arrangements are in place to use various locations in Clinton County as "Points of Distribution" clinics (known as PODs) to treat members of the community within 48 hours. Since it will take a large number of people to operate these clinics, volunteers may be called upon to help. (See Appendix A - Public Health 101)

### MRC Family First Emergency Plan

Disasters or emergencies can happen anytime or anywhere. And when disaster strikes, you may not have much time to respond. A highway spill, a release of hazardous materials, an outbreak of the flu, or a bio-terror attack, could mean evacuation or sheltering in place. A winter storm could confine your family at home for days. An earthquake, flood, tornado, or any other disaster could destroy a community's infrastructure and cut water, power, and telephone service for weeks. (*MRC Program Office, Maryland*)

You and your family will cope best by preparing for disaster before it strikes. One way to prepare is by assembling a disaster supplies kit, making plans for emergencies in advance, and by getting informed and trained. Once disaster hits, you won't have time to shop or search for supplies. But if you have gathered supplies in advance, made a plan, and gotten trained, your family can endure an evacuation or home confinement which is called "sheltering in place."

Please keep in mind that **no one is able to volunteer** with the Clinton County MRC without having a current Family First Emergency Plan in place. This is not only for your family's safety during a disaster, but will contribute to your peace of mind and well-being when called upon to volunteer in an emergency. As a part of your orientation to the CC MRC unit, you will review the booklet, "*MRC Family First Emergency Plan*"; get trained in the American Red Cross' program "*Get a Kit, Make a Plan, Be Informed*"; conduct a personal inventory of your family's individual needs; prepare a disaster supplies kit (including a first aid kit) and develop an emergency plan for your family. These materials should be updated on an annual basis and a form, acknowledging that you have completed this requirement, will be included as part of your volunteer file. (See Appendix C - MRC Family First Emergency Plan)

### Psychological First Aid

After going through a traumatic incident (i.e. natural disasters, an act of violence, terrorist attacks, the events of war, exposure to severely injured bodies, or the loss of colleagues, etc.), survivors often say that their first feeling is relief

to be alive. This may be followed by feelings of stress, fear, anxiety, shame and/or anger. (*Veterans Administration Report on Post Traumatic Stress Disorder, 2010*)

Keep in mind that the long hours, breadth of needs and demands, ambiguous roles, and exposure to human suffering can adversely affect even the most experienced professional. Adopting a preventive perspective allows both the organization and the responders to be prepared, anticipate stressors, and shape responses that will help us be more effective when traumatic events occur. (See Appendix D - Psychological First Aid)

## **NIMS/ISC**

### **FY 2013 NIMS/IDPH Training Requirements**

All training is offered free of charge online at <http://training.FEMA.gov/IS> unless noted otherwise

<p><b>Entry Level (Awareness)</b>  <b>First Responders, Public Health and Disaster Workers</b>            EMS; firefighters; law enforcement; hospital workers; public health personnel; public works/utility workers; skilled support and other emergency management/ response, support and volunteer personnel (<u>includes MRC volunteers at all levels</u>, faith-based organizations, elected officials, private sector and all NGOs)</p>	<p>IS 700a – NIMS An Introduction and            ICS 100b – Introduction to ICS (or equivalent HCb)            ICS 200b – Basic ICS for Single Resources and Initial Actions (or equivalent HCa)</p> <p>IS 22 – Guide to Citizen Preparedness            (Required for all MRC Volunteers)</p>
<p><b>Supervisors</b>  <b>First Line Supervisors</b>            ESF agency personnel; single resource leaders; field supervisors and other emergency management/response personnel that require a higher level of NIMS training</p> <p>Office of Risk &amp; Emergency Management Staff</p> <p>Public Information Officers</p>	<p>IS 700a and ICS 100b and 200b as noted above <u>plus</u>            IS 800b – National Response Framework (NRF)</p> <p>IS 704 – NIMS Communications and Information Management (new in 2010) <u>plus</u> 701a, 702a, 703a and 250 added for 2013</p> <p>IS 702a – NIMS Public Information Systems <u>plus</u>            IS 250 added for 2013</p>
<p><b>Managers</b>  <b>Mid-Level Management</b>            Strike team leaders; task force leaders; unit leaders; division/group supervisors; branch directors; and multi-agency coordination center/emergency operations staff</p> <p>Office of Risk &amp; Emergency Management Staff</p> <p>Public Information Officers</p>	<p>IS 700a, ICS 100b, ICS 200b, IS 704 and 800b <u>plus</u>            ICS 300 – Intermediate ICS for Expanding Incidents [face-to-face] (or equivalent)</p> <p>IS 701a, IS 702a, IS 703a , IS 704 and IS 250</p> <p>IS 702a and IS 250</p>
<p><b>Command</b>  <b>Command and General Staff</b>            Command and general staff members; select department heads (those with multi-agency coordination system responsibilities; area commanders; emergency managers; and multi-agency coordination center/emergency operations center managers</p> <p>Office of Risk &amp; Emergency Management Staff</p> <p>Public Information Officers</p> <p>Ham Radio Operators who elect to join ARES</p>	<p>IS 700a, ICS 100b, ICS 200b, IS 704, IS 800b, ICS 300, IS 701a, IS 703a <u>plus</u>            ICS 400 – Advanced Incident Command [face-to-face] (or equivalent) <u>plus</u>            IS 808 Emergency Support Function 8 added in 2013</p> <p>IS 701a, IS 702a, IS 703a , IS 704 and IS 250</p> <p>IS 702a and IS 250</p> <p>IS 802 – Emergency Support Functions Communications (2010)</p>

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## **CPR/AED, First Aid and Bloodborne Pathogens**

Certification in cardiopulmonary resuscitation, automated external defibrillators, first aid and bloodborne pathogens (including the use of personal protective equipment) is required for all MRC volunteers. Copies of current cards showing the successful completion of these will be maintained in your volunteer file. These classes are offered on a regular basis at locations throughout the community and will also be offered by the CC MRC.

## **Unit B - Other Training**

Individuals often enter the emergency management field with a variety of backgrounds and training which are unrelated to the wide range of responsibilities to be fulfilled by today's emergency management personnel. Thus, seven on-line courses and six lecture courses were developed by the Illinois Emergency Management Agency. These classes, known as the Professional Development Series (PDS), present a variety of subjects pertinent to the emergency management field. These courses are offered to supplement and complement the knowledge and skills of new personnel. If you would like to receive certification in the Illinois PDS, you must complete the following courses:

### **FEMA Independent Study Courses**

- An Introduction to Exercises (IS 120.a)
- Fundamentals of Emergency Management (IS 230.a)
- Emergency Planning (IS 235)
- Leadership and Influence (IS 240)
- Decision Making and Problem Solving (IS 241)
- Effective Communication (IS 242)
- Developing and Managing Volunteers (IS 244)



### **IEMA Classroom Training Courses**

- Homeland Security Exercise and Evaluation program (HSEEP)
- **(Must be the 3 day version)\*\*\***
- Principles of Emergency Management
- Emergency Planning
- Leadership and Influence
- Effective Communication
- Developing Volunteer Resources

These courses may be taken in any order over an unspecified time. **Persons completing both the online and classroom portions will be awarded the Illinois Professional Development Series certificate.** This certificate, signed by the Governor of Illinois and the IEMA Director, will be awarded at the annual IEMA Conference. The Illinois Professional Development Series certificate is a requirement for those applying for the Illinois Professional Emergency Manager Program.

In order to be considered for the Illinois Professional Development Series Certificate, individuals must complete the PDS Application and to [ema.trn.assist@illinois.gov](mailto:ema.trn.assist@illinois.gov) or 217-557-1978 (fax) no later than August 1<sup>st</sup> of any given year.

*If you want to learn more about the Training Program or are interested in attending a specific course, please contact the MRC Coordinator or IEMA Regional Coordinator serving your county. (Stanley Krushas, Coordinator; or Mona, Training Director at 618-344-1024) Registration must be made in advance to attend any course.*

## Unit C - Training Resources

Many training opportunities are available both online and in-person through the Clinton County Health Department, MRC Train, the Federal Emergency Management Agency's (FEMA) website, at the Illinois Emergency Management Agency (IEMA) in Springfield, and at the Center for Domestic Preparedness in Alabama. In addition, there are many college courses for credit that you can take leading to degrees in emergency management and disaster preparedness. Some of these resources include:

### Online Information and Programs

- [www.fema.gov](http://www.fema.gov) Federal Emergency Management Agency (FEMA)
- [www.training.fema.gov/IS](http://www.training.fema.gov/IS) FEMA Independent Study (all IS/NIMS classes)  
\*for a current listing of available training (both optional and required courses), please see this website
- [www.iema.illinois.gov](http://www.iema.illinois.gov) Illinois Emergency Management Agency (IEMA)  
\*click on "Training and Exercises"
- [www.iema.fsi.illinois.gov](http://www.iema.fsi.illinois.gov) Illinois Fire Service Institute, University of Illinois
- [www.idph.state.il.us/bioterrorism](http://www.idph.state.il.us/bioterrorism) Illinois Dept of Public Health Emergency Preparedness
- [www.ready.illinois.gov](http://www.ready.illinois.gov) State of Illinois - Get Ready - Preparing for Disasters
- [www.cdc.gov](http://www.cdc.gov) Centers for Disease Control and Prevention  
\*click on "Emergency Preparedness and Response"
- [www.medicalreservecorps.gov](http://www.medicalreservecorps.gov) Medical Reserve Corps home page and training
- [www.cdp.dhs.gov](http://www.cdp.dhs.gov) Center for Domestic Preparedness in Alabama offers more than 20 courses in healthcare/public health preparedness
- [www.redcrossstl.org](http://www.redcrossstl.org) ARC St. Louis - CPR, 1<sup>st</sup> Aid and Disaster training  
\*click on "Take a Class" or "Be Prepared"
- [www.greatersouthernillinois.redcross.org](http://www.greatersouthernillinois.redcross.org) Local Red Cross service center based in Centralia
- [www.heart.org](http://www.heart.org) American Heart Association - Health information and training  
\*click on "Getting Healthy" or "CPR"
- [www.osha.gov](http://www.osha.gov) Information on health and safety for business



**College Credit Programs** (FEMA approved programs, 2012)

<i>Illinois</i>	Benedictine University	Masters of Public Health Disaster Mgmt. Concentration and Certificate
	College of Lake County	Emergency Management Certificate
	Frontier Community College	Certificate
	University of Chicago	MS in Threat and Response Mgmt. with Admin./Response Preparedness Concentration
	University of Illinois, Chicago	Emergency Management and Continuity Planning Certificate Program (online)
	Western Illinois University	BS Emergency Management

**Unit D - Exercises**

When volunteers and professional emergency response teams are appropriately trained along with their community partners, the incident response capabilities of any given area are improved. All agencies involved in incident response (at any level) along with emergency management should participate in realistic, multi-disciplinary and multi-jurisdictional exercises to improve integration and interoperability. This type of training ensures that personnel at all jurisdictional levels and across disciplines can function effectively together during an actual emergency. Training plus joint practice helps to bridge the gap that may exist between having a basic understanding of a concept and hands-on, real-world application.

Local organizations (i.e. schools, churches, businesses and hospitals etc.) may collaborate with community emergency management agencies and government entities (i.e. Public Health) to participate in an exercise program or drill. Drills provide instruction and/or training for personnel on their particular roles, responsibilities, plans, and/or equipment that might be utilized during a disaster. Additionally, these exercises may test the plans and response capabilities of these organizations as well as the community as a whole. These scenario-based trainings are divided into the following categories or levels: tabletop exercises, functional exercises, and full-scale exercises. (*School Safety Partners, 2010*)

**Tabletop Exercises** allow the collaborative team to talk through an emergency scenario in an informal, stress-free environment. A tabletop exercise is a facilitated, scenario-based group discussion regarding the coordination of plans, procedures, and resources with partners. It typically lasts two to four hours.

**Functional Exercises** are stressful simulated events that allow participants to work through plans and procedures in a real-time scenario, typically based in an operations center environment. The exercise pace can be increased or decreased depending on the participants' abilities to work through their plans and procedures. School buildings, campuses and convention centers are useful settings for hosting simulated events because they provide realistic sites for training and give partners advance-knowledge of the building.

**Full-scale Exercises** involve a multi-agency response where resources are actually deployed. A full-scale exercise requires participants to move actual people and resources while working through plans and procedures in real-time.

**After Action Reports (AAR) and Improvement Plans (IP)**

Volunteers will participate in local, regional, and/or State multi-discipline and multi-agency exercises on a regular basis (depending on the type of drill or exercise to be held and the size and complexity of the systems involved). Exercise activities might address immediate response actions such as setting up a shelter or point of disbursing site (POD); volunteer/donation center; lockdown, evacuation, or sheltering-in-place; notification and communication systems; transfer of command; first-aid; family reunification; and resource management. Practice can include drills, tabletop, functional, and/or full-scale exercises. The exercise program should build from NIMS concepts and principles and include evaluation and corrective action activities.

Evaluations and Improvement Plans can play an important role in exercises. Evaluations should provide both quantitative and qualitative data and contribute to improvements in the plan. The ability to identify both strengths and areas for improvement is critical to strengthening the exercise program, the plan, and the partnerships. The findings of the evaluation team meetings are compiled in the After Action Report, which documents the effectiveness of the exercise; and the Improvement Plan, which documents areas needing to be strengthened. It serves as the basis for planning future exercises, enhancing the plan, and taking corrective action. These reports are the responsibility of the evaluation team leader or chief evaluator, working with the evaluation team.

**Unit E - Training Records**

When you complete any training, please remember to bring in a copy of your course certificate to be maintained in your volunteer file. Many certificates do not have an expiration date; however some classes may need to be undated on an annual basis, every other year basis, or perhaps every three years or longer. It is each person's responsibility to make sure that his or her volunteer file has the most current information. Therefore, every time you update a training, complete continuing education credits, or renew a license, please make it a habit to bring in a copy for the MRC Coordinator.

**UTILIZATION OF VOLUNTEERS  
SECTION IV****Unit A - Concept of Operations**

The purpose for establishing the CC MRC is to create a network of trained volunteers who are ready and prepared BEFORE an emergency strikes. They are willing to respond in an emergency, but may also choose to be available year-round to support the mission of the Clinton County Health Department. We also recognize that during times of crisis, there will be many "spontaneous" volunteers (people who choose to respond unasked) who desire to make a difference in providing for the needs and concerns of their neighbors. Recognizing this need, volunteers will be categorized into three groups:

1. Organized volunteers who respond from other counties or organizations with which we have a Memorandum of Understanding (MOU) established - i.e. health departments who subscribe to the Illinois Public Health Mutual Aid System (IPHMAS), American Red Cross, Kaskaskia College, etc. **CODE GREEN**
2. Unorganized, but skilled volunteers who may not be associated with another agency/group but who have special expertise accompanied by some form of written certification, card, and/ or license identifying them as a professional in their field. **CODE YELLOW**
3. Unorganized and untrained volunteers who will need to undergo job-specific training provided by a Team Leader or Station Lead before being assigned a position within the emergency operation. **CODE RED**

All volunteers will report to the MRC Coordinator at the Volunteer Donations/Coordination Center (VDCC) located at the Clinton County Health Department for orientation and to complete the registration process, background check, credentialing, and "Just in Time" training. (See *Just in Time* training manual.) Volunteers will also receive

prophylaxis medication prior to beginning any work. Volunteers will then be assigned to a Station Lead or Team Leader who will provide specific education for the location and on-the-job training, as needed, for the assigned job. No volunteer will be expected to operate at a level beyond their scope of training and comfort level. All volunteers will follow proper check-in and check-out procedures. Not following proper procedures may result in dismissal from the MRC unit.

## **Unit B - Incident Command System, National Incident Management System and National Response Framework**

"The Incident Command System (ICS) was developed in the 1970s following a series of catastrophic fires in California's urban interface. Property damage ran into the millions, and many people died or were injured. The personnel assigned to determine the causes of these outcomes studied the case histories and discovered that response problems could rarely be attributed to lack of resources or failure of tactics. Surprisingly, studies found that response problems were far more likely to result from inadequate management than from any other single reason." (fema.gov)

The Incident Command System was created to be a standardized management tool for meeting the demands of small or large, emergency or non-emergency situations. It is designed to be flexible enough to be used for planned events, natural disasters, or acts of terrorism. ICS represents "best practices" and has become the standard for emergency management across the country. The goal is to be able to efficiently handle any domestic incident by integrating a combination of facilities, equipment, personnel, procedures, and communications so that all may come together to operate within a common organizational framework. ICS is used by all levels of government (as well as by many private-sector and nongovernmental organizations) and is applicable across disciplines. It is normally structured to facilitate activities in five major functional areas: 1) Command, 2) Operations, 3) Planning, 4) Logistics, and 5) Finance and Administration. (See Appendix A - Abbreviations and Public Health 101 and Appendix B - Volunteer Job Action Sheets)

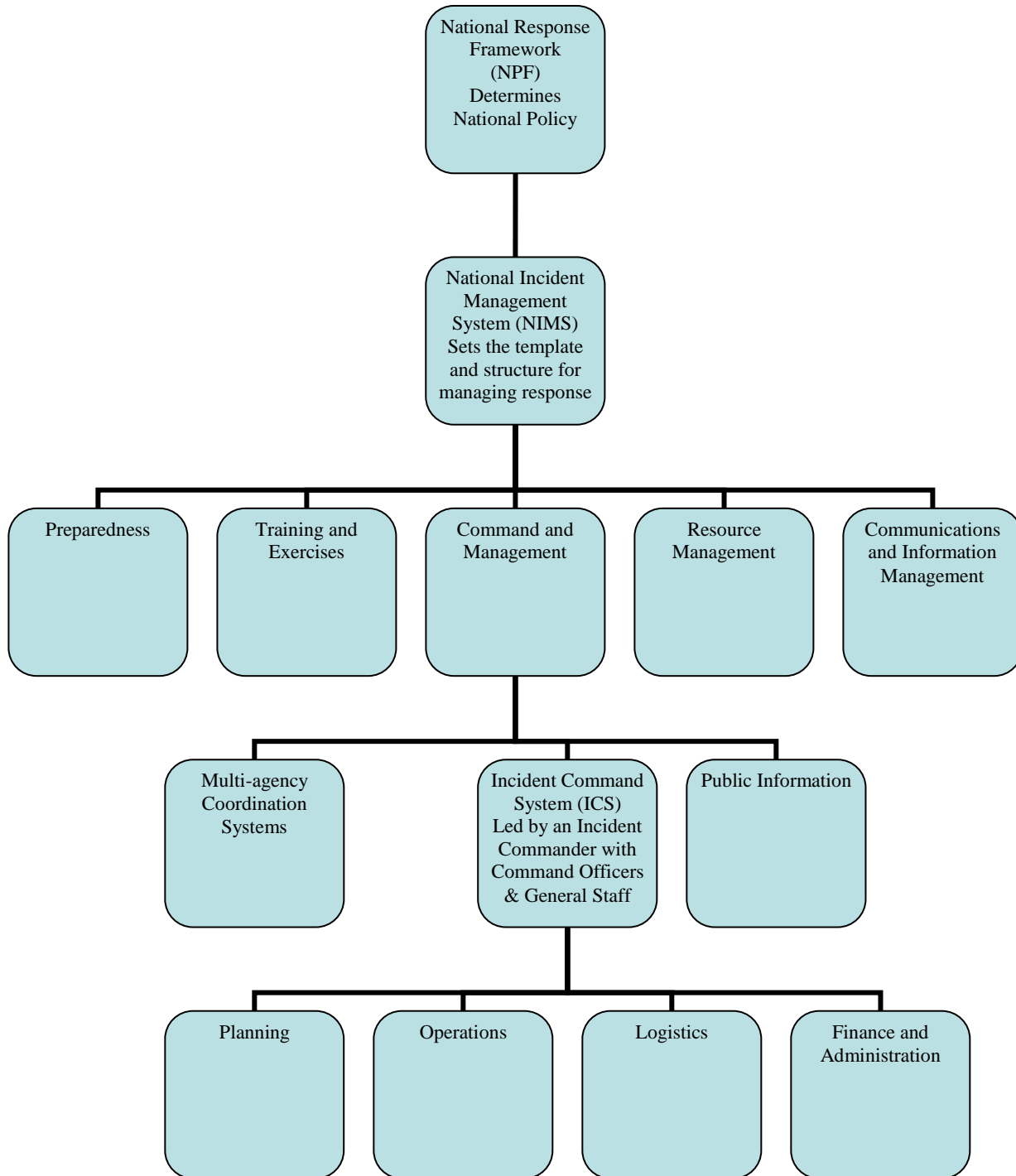
In 2003, President George Bush issued Homeland Security Presidential Directive (HSPD-5) which directs the Sec. of Homeland Security to develop and administer the National Incident Management System (NIMS.) NIMS "provides a systematic, proactive approach to guide departments and agencies at all levels of government, nongovernmental organizations, and the private sector to work seamlessly to prevent, protect against, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life and property and harm to the environment." ([www.fema.gov](http://www.fema.gov))

Essentially, "NIMS is a core set of concepts, principles, terminology, and organizational processes that enable interoperability, compatibility and collaborative incident management." (DHS, 2008) NIMS functions are divided into five areas of focus: 1) Preparedness, 2) Training and Exercises, 3) Command and Management (ICS), Resource Management, and Communications and Information Management.

The National Response Framework (NRF), formerly known as the National Response Plan (NRP), is the policy that defines the key principles, roles, and structures that organize the way we, as a Nation, respond to disasters and emergencies to create a unified, coordinated and effective "national response." (*The National Response Framework*) The NRF provides the structure and mechanisms for national-level policy for incident management, NIMS provides the template for the management of incidents, and the ICS provides the tools to get the job done.







### Unit C - Emergency Operations and Non-emergency Activities

Throughout this Volunteer Handbook, you have been introduced to two general types of operations that members of the Medical Reserve Corps may be called upon to participate in or respond to. The first is a disaster situation or emergency that poses an *immediate risk* to health, life, property or the environment. These situations may include events such as terrorist attacks (man-made), earthquakes (natural), a pandemic flu outbreak (health), or a computer virus that threatens the infrastructure of a nation (technological). A second type of operation which volunteers may work with, are those day-to-day events which support the mission of the Clinton County Health Department to educate the community and promote health as well as prevent common health hazards. Volunteers may choose to participate in any or all activities based on their interests and expertise.



## Unit D - Activation, Deployment and Demobilization

If a major emergency occurs, you will be contacted by the Clinton County Health Department or MRC Coordinator and given specific instructions. **DO NOT**, under any circumstances, report for duty until you are called to do so (known as “activated.”) Once the Clinton County Health Department is notified of the need for activation by the EMA, the call for volunteers will be made through the CC MRC Coordinator or designee who will oversee the coordination of volunteer services. Self-activation and/or self-deployment to any emergency are grounds for immediate dismissal from the MRC program.

Activation will be communicated to volunteers based on the means of communication available at the time: phone call, email, text, Facebook, Code Red, radio, etc. If a volunteer is aware that an emergency has occurred (i.e. an Emergency Operations Center has opened or the Governor has declared a State of Emergency for Clinton County) and has not been notified to activate, please call the Health Department’s main line (618) 594-2723 (the answering machine will be updated with information for you); check the Health Department’s website (<https://www.clintonco.illinois.gov/health.htm>); or check the MRC’s Facebook page (<http://www.facebook.com/ClintonCountyMedicalReserveCorps>). If none of these avenues of communication are available, the volunteer should contact the Sheriff’s Office at (618) 594-4555 for directions. The most current information will be available from these resources including reporting instructions. Do not report to the Health Department or backup location if your family is not safe or if reporting will put you and/or your family in danger. Your safety is always our priority!

The term deployment is used for the actual assignment the volunteer is given in an emergency. Once a volunteer is activated, he or she will be deployed or assigned to a specific area. This assignment might be answering the phones in a local office or traveling across the county to work at a flu clinic or other dispensing site. Once volunteers receive their assignment, they are considered deployed and must remember to always sign-in or sign-out with their team leader at their duty station. In this way, all volunteers are accounted for at all times; and should another emergency situation occur, precious time and energy will not be used searching for a volunteer in a collapsed building when the volunteer has already left the area and just forgot to sign-out.

The CC MRC intends to reduce the risk of injury and accident to its volunteers. Every effort will be made to reduce potential risks through training, education and use of standard precautions. However, some unanticipated risks are always present during times of emergency and non-emergency work. CC MRC volunteers agree to assume any and all risk or damage resulting from activities encountered as a volunteer. Any incident, accident or injury, etc. must be reported to the MRC Coordinator or other health department official immediately and appropriate paperwork completed. In a state-declared emergency, volunteers may become eligible to be covered under the state’s liability plan. (See attached *Informed Consent, Waiver and Release of Liability Agreement*, Appendix I)

Once activated, volunteers will be asked to report to a “staging area” where they will receive information, preventive treatment, and job-specific training before starting to work at a POD or other location. Families of volunteers will also be given priority for any recommended preventive treatment. We request that all volunteers have basic medical information on hand for themselves and their family members to expedite treatment in an emergency situation. Following is the information you will need:

**Medications:** What medications are you taking? Are you allergic to any antibiotics or other drugs?

**Medical Conditions:** Do you or any family members have kidney or liver disease? Are any female family members pregnant? Is anyone currently taking chemotherapy or have any condition that might require special consideration?

**Children:** If your children are under age 9, please be prepared to provide the child’s weight.

Our goal is to make sure that you and your family are taken care of in an emergency which will then enable you to be focused and safe as you complete your volunteer assignments.

Once the emergency is winding down or has ended, volunteers will begin to be deactivated (their service will no longer be required at the site.) The process of deactivating volunteers and resources is called demobilization. This will happen in an orderly fashion based on the needs of the situation, the needs of the volunteer, and the need for resources. Just as volunteers will never self-activate, volunteers must never “self-deactivate.” The MRC Coordinator and Team Leader must be able to account for all volunteers at all times. When you have been deactivated (completed your assignment) and you are leaving the disaster scene for the last time, you will meet with your supervisor or team leader for final instructions. These instructions usually include: 1) Return all equipment or other

resources issued to you, 2) Make sure all assignments have been completed and paperwork is turned in to the appropriate person, 3) Review your area for cleanliness and safety, and 4) Sign out.

You may also be assigned to participate in a “hot wash” where volunteers, staff, players, evaluators, and other participants come together to review and talk about how things went (what went right and areas where effectiveness could be improved.) It is also a good idea to participate in a “debriefing conference” where people come together to talk about their feelings and experiences on a more personal level. This conference is vital in helping you to process what has happened in a positive and healthy manner. (See Appendix D - *Psychological First Aid*)



## Unit E - Communications

It is the goal of the Clinton County MRC to make use of all communication tools available to ensure the interoperability of communication means especially during times of disaster or emergency. As stated earlier in this manual, activation will be communicated to volunteers based on the means of communication available at the time: phone call, email, text, Facebook, ham radio, Sheriff's Office, etc.

Once you have arrived on the disaster scene, all communications (press releases issued to the media, public service announcements, briefings, press conferences, requests for interviews, videotaping, recording, picture-taking etc.) will be handled by the Public Information Officer (PIO) assigned to the situation. If you are approached by any member of the media or other persons seeking information, always direct them to the PIO or Joint Information Command (JIC).

Regular briefings for all participants (including staff, volunteers, victims and the media) will be held to ensure the timeliness, accuracy, and consistency of the messages being released. These procedures are in place to help eliminate rumors and inaccurate information from being disseminated during times of great stress and confusion.

## ADMINISTRATION SECTION V

### Unit A - MRC By-Laws

Please refer to Appendix L for the most current copy of the Clinton County Medical Reserve Corps By-Laws.

### Unit B - Strategic Plan

The Strategic Plan for the period 2010-2015 is under development by the Advisory Committee. (Appendix M)

### Unit C - Review, Maintenance and Evaluation

The records of the Clinton County Medical Reserve Corps are maintained in the offices of the Medical Reserve Corps Coordinator. The records (except for personnel records) are open to public view and may be reviewed at any time by MRC volunteers. No records or documents may be taken from the office or any changes made to records without the permission of the CC MRC Coordinator.

### Unit D - MRC Meetings and Records

The Clinton County MRC will have regular meetings to provide training and to develop an esprit de corps. In addition, exercises will be held to practice skills and apply knowledge that will be useful in times of emergency. Records will be kept of all meetings and training activities.

### Unit E - Finances

The Clinton County MRC has received a Capacity Building Award from NAACHO (the National Association of County and City Health Officials) to assist with developing resources and community involvement. The MRC Coordinator and volunteers will continually seek new revenue streams (grants, corporate donations, and community support) to ensure the successful operation and sustainability of the organization has permitted by the Clinton County Board of Health.